

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. **10760581**
APPLICANT(S)

FILED DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
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7							
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9							
10							
11							
12							
13							
14							
15	1		1		1		
16		1		1		1	
17		2		2		1	
18		2		2		1	
19	X	X	X	X	X	X	
20	1		1		1		
21	1		1		1		
22		1		1		1	
23	1		1		1		
24	X	X	X	X	X	X	
25		1		1		1	
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49							
50							
TOTAL IND.	3		3		1		
TOTAL DEP.	7		7		13		
TOTAL CLAIMS	10		10		14		

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